

| STATE OF FLORIDA   |  |
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| BUREAU OF VITAL STATISTICS   |  |
| <b>CERTIFICATION OF DEATH</b><br>STATE FILE NUMBER: 2019065013<br>DATE ISSUED: APRIL 24, 2019<br>DATE FILED: APRIL 24, 2019  |  |
| <b>DECEDENT INFORMATION</b><br>NAME: VIRGIL WRIGHT<br>DATE OF DEATH: APRIL 14, 2019<br>SEX: MALE<br>SSN: 263-43-7760<br>AGE: 055 YEARS<br>BIRTHPLACE: FORT LAUDERDALE, FLORIDA, UNITED STATES<br>PLACE OF DEATH: EMERGENCY ROOM/OUTPATIENT<br>FACILITY NAME OR STREET ADDRESS: BROWARD HEALTH NORTH<br>LOCATION OF DEATH: DEERFIELD BEACH, BROWARD COUNTY, 33064<br>RESIDENCE: 1267 NW 27TH AVENUE, POMPANO BEACH, FLORIDA 33069, UNITED STATES<br>OCCUPATION, INDUSTRY, PORTER, MEDICAL<br>EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED<br>EVER IN U.S. ARMED FORCES? NO<br>RACE: BLACK OR AFRICAN AMERICAN<br>HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN |  |
| <b>SURVIVING SPOUSE / PARENT NAME INFORMATION</b><br>(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)<br>MARRITAL STATUS: MARRIED<br>SURVIVING SPOUSE NAME: CHRISTINE MORGAN<br>FATHER'S/PARENT'S NAME: CHARLIE WRIGHT<br>MOTHER'S/PARENT'S NAME: GEORGIA SAPP  |  |
| <b>INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION</b><br>INFORMANT'S NAME: CHRISTINE M WRIGHT<br>RELATIONSHIP TO DECEDENT: SPOUSE<br>INFORMANT'S ADDRESS: 1267 NW 27TH AVENUE, POMPANO BEACH, FLORIDA 33069, UNITED STATES<br>FUNERAL DIRECTOR/LICENSE NUMBER: WOODROW J POITIER, F043381<br>FUNERAL FACILITY: L C POITIER FUNERAL HOME F039769<br>317 NW 6TH ST, POMPANO BEACH, FLORIDA 33060<br>METHOD OF DISPOSITION: BURIAL<br>PLACE OF DISPOSITION: PINEVIEW CEMETERY<br>DEERFIELD BEACH, FLORIDA   |  |
| <b>CERTIFIER INFORMATION</b><br>TYPE OF CERTIFIER: CERTIFYING PHYSICIAN<br>TIME OF DEATH (24 HOUR): 0022<br>CERTIFIER'S NAME: LOWELL ANTHONY ADKINS<br>CERTIFIER'S LICENSE NUMBER: ME38661<br>NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT APPLICABLE<br><b>CAUSE OF DEATH AND INJURY INFORMATION</b><br>MANNER OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH<br>a. ACUTE MYOCARDIAL INFARCTION<br>b. AORTIC STENOSIS<br>c. HYPERLIPIDEMIA<br>d.  |  |
| PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:<br>ESSENTIAL HYPERTENSION, DEEP VEIN THROMBOSIS<br>AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?<br>DID TOBACCO USE CONTRIBUTE TO DEATH? NO<br>REASON FOR SURGERY:<br>DATE OF SURGERY:<br>PREGNANCY INFORMATION: NOT APPLICABLE<br>DATE OF INJURY: NOT APPLICABLE<br>LOCATION OF INJURY:<br>DESCRIBE HOW INJURY OCCURRED:<br>PLACE OF INJURY:<br>IF TRANSPORTATION INJURY, STATUS OF DECEDENT:<br>TYPE OF VEHICLE:<br>STATE REGISTRAR:  |  |
| WARNING:<br>THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.<br>THIS DOCUMENT IS PRINTED OR PHOTOGRAPHED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT OR PHOTOGRAPH WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACES CONTAIN A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.<br>DH FORM 1947 (03-13)   |  |

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.